

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION**

**PERSONNEL ACTION REQUEST**

Date Prepared:

<b>I.</b>	Section:	Time Admin. No.	Soc. Sec. No.	Personnel No.		
Name:		Leave Earning Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Classified <input type="checkbox"/> Student <input type="checkbox"/> WAE <input type="checkbox"/> Unclassified <input type="checkbox"/> Board/Commission Member		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	# of Hrs./Wk.	FLSA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt		
<b>II.</b>	Nature of Action: <input type="checkbox"/> New Hire    Type: <input type="checkbox"/> Pay Adjustment    Type: <input type="checkbox"/> Other    Type:		<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Detail	Proposed Effective Date	Ending Date	
<b>III.</b>	<b>FROM</b>		<b>TO</b>			
Section:		Section:				
Job Title/Job No.		Job Title/Job No.				
BiWkly Pay:                      Hrly Pay:                      Pay Level:		BiWkly Pay:                      Hrly Pay:                      Pay Level:				
Position No.:                      Special Pay <input type="checkbox"/> Type:		Position No.:                      Special Pay <input type="checkbox"/> Type:				
<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.		<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.				
Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No				
If the position to be used is not in your T.O., which position do you want to swap out of your T.O.?						
Position No./Title:						
<b>IV.</b>	Remarks/Work Schedule/Justification:					
<b>V.</b>	A. Org. Unit No.	B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category	F. Percent
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		B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category	F. Percent
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<b>OFFICIAL USE:</b>						
Qualified:		Action Reason:		Certificate No.:		Score:
DEPT Preferred <input type="checkbox"/> Yes <input type="checkbox"/> No		Layoff Referral List <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Certification <input type="checkbox"/> Yes <input type="checkbox"/> No		
Transcript <input type="checkbox"/> Yes <input type="checkbox"/> No		Training Series:                      Date:		Certified Date/Initial:		
PPR:		Perm:                      Barred:				
Pay Authority:		Pay Reason:				
Position Allocation:		ISIS/HR:		Certified Date/Initial:		
ISIS/HR Processing:		C.O.C.#		Certified Date/Initial/Per. No.:		
<b>VI.</b>	Section Head	Date	Appointing Authority			Date